

## PART B - FEE(S) TRANSMITTAL

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Mail Stop ISSUE FEE  
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22907 7590 05/18/2004

BANNER & WITCOFF  
 1001 G STREET N W  
 SUITE 1100  
 WASHINGTON, DC 20001



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(Depositor's name)
(Signature)
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/050,775	01/18/2002	Mitsuhiro Awaji	001458.00016	9561

TITLE OF INVENTION: PINHOLE DISK LAMINATE AND A PROCESS FOR PRODUCING THE SAME

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	08/18/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
EDMONDSON, LYNNE RENEE	1725	228-190000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Banner &amp; Witcoff, Ltd.

2 \_\_\_\_\_

3 \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Japan Synchrotron Radiation Research Institute

Hyogo, JAPAN

National Institute of Advanced Industrial Science

Chiyoda-ku, JAPAN

Please check the appropriate assignee category or categories (will not be printed on the patent);

☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☒ Publication Fee☒ Advance Order - # of Copies 10

4b. Payment of Fee(s):

☐ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 19-0733 (enclose an extra copy of this form).

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(Authorized Signatory)

(Date)

William J. Fisher, Reg# 32,133

Aug 3, 2004

08/05/2004 DEMMANU2 00000147 190733 10050775

01 FC:1501

1330.00 DA

02 FC:1504

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